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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Islamic Republic of Iran

The Executive Director recommends that the Executive Board approve the country programme of the Islamic Republic of Iran for the period 1993-1997 in the amount of $6 million from general resources, subject to the availability of funds, and $2.5 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The population of the Islamic Republic of Iran was estimated at 57.8 million by the 1991 census, with 56 per cent living in urban areas. The population is relatively young; 45 per cent are under 15 years of age and only 3 per cent are over 65 years old. Rapid population growth is probably the most pressing development issue facing the country today. With an average annual population growth rate between 1986 and 1991 of 3.2 per cent per year, the Islamic Republic of Iran has one of the fastest population growth rates in the world. The growth rate in urban areas is approximately twice that of rural areas. The total fertility rate in the country declined from 6.5 in 1980 to 6.1 in 1991, but still remains high.

2. The demographic pressure has been exacerbated by the more than 4.5 million refugees who have entered the Islamic Republic of Iran during the last decade. The country's efforts to meet the needs of refugees have won widespread appreciation, although the number of refugees has put a heavy burden on the country. Most of the estimated 3 million refugees who have come from Afghanistan since 1979 are still in the country.

3. During the last few years, the economy was characterized by rapid inflation and declining real income. Retail prices for basic items more than tripled between 1982 and 1989, while per capita gross national product declined from $3,200 to $2,320. The distribution of wealth is uneven. A prolonged and costly war with neighbouring Iraq monopolized the country's energy and resources throughout much of the 1980s. The human cost of the war was enormous, with several hundred thousand deaths and many more people disabled, widowed and orphaned, who are now supported by the country at great cost.

4. Several recent natural disasters have placed a further strain on the country's resources and social services. Thus far this century, the country has experienced more than 41 earthquakes, which have registered at a level of severity of over five on the Richter scale. The earthquake in June 1990 resulted in more than 40,000 deaths, the complete destruction of three towns and severe damage to more than 1,600 villages. Frequent floods, such as the one experienced in northern Tehran in the summer of 1987 and in the south-east regions of the country in 1989 and 1991, have also led to great loss of life and widespread destruction.

5. The primary health care (PHC) network in the Islamic Republic of Iran is composed of a multi-level system of fixed health facilities, the base of which is the rural health house. About 30 per cent of the total population are not yet covered by the PHC network, although some receive preventive health services through mobile teams. Coverage is lowest in the provinces of Sistan, Baluchestan, Khouzestan, Hormozgan and Khorassan. The PHC network covers approximately 60 per cent of urban areas; however, this figure excludes the private sector, which plays a major role in urban health care delivery. The Islamic Republic of Iran has witnessed a substantial decline in infant and child mortality in the last decade. The infant mortality rate (IMR) fell from 87 per 1,000 live births in 1980 to 47 per 1,000 live births in 1991, while the under-five mortality rate (U5MR) fell in the same period from 126 to 62 per 1,000 live births. Behind the low national mortality rates, however,

lie significant regional, rural/urban and intra-urban disparities. The rates in four provinces are at least 50 per cent higher than national averages. Rates in the rapidly growing peri-urban areas of major cities are also thought to be substantially higher, although limited statistical evidence is available. Acute respiratory infections (ARI), malnutrition, diarrhoeal diseases and low birth weights continue to be the major contributing factors to infant and child mortality in the country. Gender disparities in IMR and U5MR are no longer significant.

6. ARI and related complications are the number one killers of children under five years of age in the Islamic Republic of Iran. The 1991 comprehensive national health survey revealed that ARI-related deaths accounted for 19 per cent of total U5MR in the country. ARI morbidity and mortality were found to be particularly serious problems in the cold, mountainous regions.

7. The incidence of diarrhoeal diseases has fallen considerably since the mid-1980s and now constitutes 17 per cent of total U5MR, thus becoming the second largest cause of death for children under five years of age. Diarrhoeal diseases still remain the major problem in warmer and more humid regions of the country.

8. While the incidence of vaccine-preventable diseases has fallen off substantially, parallel to increases in coverage levels, these diseases still account for almost 9 per cent of the deaths of children under five years of age. The country achieved universal child immunization (UCI) nationally in 1990 and sustained universal coverage in 1991. However, UCI has not yet been attained in seven provinces. Coverage levels are also thought to be lower in many urban and peri-urban areas where, unlike in rural areas, systems for the active identification and follow-up of defaulters are not in place.

9. The dramatic gains in survival rates for infant and children have not been paralleled by an equivalent improvement in the nutritional status of children. According to the findings of the 1991 comprehensive national health survey, one in six Iranian children under the age of five years is malnourished (all degrees). The survey found the incidence of malnutrition to vary significantly by sex (17 per cent for girls versus 11 per cent for boys), by location (14 per cent for girls in urban areas versus 20 per cent for girls in rural areas) and by region.

10. With respect to breast-feeding practices, the 1991 survey revealed that 62 per cent of urban and 72 per cent of rural children are breast-fed for a period of at least one year, an increase from the situation in 1988 prior to the launching of the child survival campaign.

11. While no comprehensive national survey on iron deficiency anaemia has been conducted, regional studies indicate that the prevalence of anaemia ranges from 30 to 50 per cent among Iranian women and children. The results of an iodine deficiency disorders (IDD) survey carried out in 14 provinces in late 1989 revealed that IDD is also highly prevalent. The survey estimated that about 50 million people (90 per cent of the total population) live in iodine deficient areas, and of these 50 million people, 15 million (30 per cent) have goitre.

12. The decline in the maternal mortality rate (MMR) over the last two decades has been dramatic: the rates were 120 (urban) and 370 (rural) per 100,000 live births in 1974; 77 (urban) and 233 (rural) per 100,000 live births in 1985; and 29 (urban) and 80 (rural) per 100,000 live births in 1991. The reduction in MMR is attributable to a number of factors: (a) the rapid rate of urbanization, resulting in more deliveries in hospitals (according to the 1991 comprehensive national health survey, 90 per cent of deliveries in urban areas take place in hospitals); (b) the strengthening of perinatal care and the training of rural midwives and traditional birth attendants; (c) the reduction in the total fertility rate and, consequently, better child-spacing; and (d) road and transport improvements that have increased links between villages and cities, thereby facilitating hospital deliveries.

13. Gross enrolment rates for girls have increased some 35 per cent at the primary level. Progress has been slower in rural areas, where female enrolment rates stand at 61 per cent, 17 per cent and 7 per cent for the elementary, guidance (middle) and secondary cycles, respectively. Significant gender disparities in terms of access to education and enrolment levels continue to exist in the country. Male enrolment rates are about 10 per cent higher than those of girls at the primary and guidance levels and 25 per cent higher at the secondary level.

14. Women's literacy levels rose from 17 to 43 per cent from 1970 to 1990. However, widespread illiteracy among the female population, particularly in rural areas, and limited access to basic Facts for Life-type information and skills, persist. Thus, communities and households remain handicapped in making decisions and putting available resources to good use to meet the survival and development needs of children.

PROGRAMME COOPERATION, 1989-1992

15. The UNICEF programme of cooperation had been developed with the Government on an annual basis from 1984 until 1989. In 1988, the UNICEF Executive Board approved the first two-year programme (1989-1990), which led to a five-year country programme recommendation for 1991-1995, approved by the Executive Board in 1990. As implementation of the 1991-1995 programme began, the country experienced a severe emergency resulting from the situation between Iraq and Kuwait. Adoption during the same period of a national programme of action (NPA) by the Government and the increase of the annual ceiling of expenditure from UNICEF general resources for the Islamic Republic of Iran opened new venues for cooperation. All these developments created a qualitatively different environment for collaboration between UNICEF and the Government, and eventually required formulation of a new recommendation, which is being presented to the 1993 Executive Board.

16. The past few years of UNICEF programme cooperation were characterized by the implementation of a highly successful national child survival campaign which included UCI, oral rehydration therapy (ORT), breast-feeding and improved weaning practices. The campaign was strongly supported by political leaders at the highest level, local administrators and religious leaders. The health workers at all levels were successfully mobilized to achieve UCI and, for the first time, they were actively supported by their colleagues in other sectors,

particularly the schoolteachers. Public awareness increased tremendously and accounted to a large extent for the actual achievement of the UCI goals by 1990. The immunization coverage of children under one year of age increased between 1985 and 1991 from 64 to 91 per cent for the anti-tuberculosis vaccine, from 51 to 88 per cent for the third dose of the combined diphtheria/pertussis/tetanus vaccine and the third dose of the oral polio vaccine and to 84 per cent for measles. The present coverage of 77 per cent of pregnant women by tetanus toxoid is one of the highest rates among developing countries.

17. The child survival campaign also contributed to the reduction of diarrhoeal disease-related mortality and morbidity. Evaluation results indicated that mortality due to diarrhoea among children under five years of age decreased from about 34,000 (25 per cent of total deaths in the age-group) in 1985 to 13,200 (17 per cent of total deaths in the age-group) in 1991. The same trend was detected in the incidence of diarrhoea, which decreased between 1988 and 1991 from 21 to 14 per cent in children under five years of age having had an episode of the disease in a year.

18. Immediately after the end of the war with Iraq, a large project was started to rehabilitate the PHC network in the war-affected provinces. UNICEF assisted the Government with the restoration of operations in 1,200 rural health houses and 200 rural health centres, representing about 15 per cent of the service delivery points and 15 community health worker training centres.

19. In 1990, a devastating earthquake hit the northern provinces of the country. UNICEF responded immediately with an emergency programme for the reconstruction of the PHC network and special equipment for the rehabilitation of handicapped victims. Following the situation between Iraq and Kuwait, an unprecedented influx of almost 1.5 million refugees from Iraq generated a major emergency. UNICEF provided support for the Ministry of Health to establish maternal and child health centres in 53 refugee camps. These centres, using PHC personnel as front-line workers, made it possible to undertake the immunization of all children in camps, to provide ORT services and to organize supplementary feeding.

20. Cooperation with the Government during the period of 1991-1992 was characterized by the impact of the World Summit for Children (WSC) as well as by the aftermath of the situation between Iraq and Kuwait. The Government has committed itself to the achievement of the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s. A national seminar on child survival and development was held on 29 October 1991, during which the Summit declaration was signed and the NPA was launched. The baseline indicators necessary to monitor the achievement of the goals were measured by a national survey in September 1991. For the first time, this survey provided data at the provincial level, initiating the development of strategies for disparity reduction. The results provided the basis for the situation analysis of children and mothers prepared in 1992.

21. During these years UNICEF has been actively involved in the development and implementation of the IDD programme, the "baby-friendly" hospital initiative, family planning and safe motherhood programmes. UNICEF has also worked very closely with the Ministry of Education and the literacy movement

organization on propagating Facts for Life material. In addition, UNICEF has identified and established working relationships with women's organizations.

22. Very close cooperation has been maintained with the World Health Organization (WHO) to monitor and assess the outcome of the health projects. The UNICEF response to the situation between Iraq and Kuwait was closely coordinated with the Office of the United Nations Disaster Relief Coordinator, the United Nations Development Programme (UNDP) and the Office of the United Nations High Commissioner for Refugees.

23. Major lessons learned during this period can be summarized as follows: (a) in order to reduce the disparities between different geographical areas, it is imperative to design province-specific programmes; (b) area-based programming provides an excellent opportunity for introducing innovative projects; (c) there is a need to strengthen data management, data collection, data analysis and information dissemination systems; (d) the PHC network provides a valuable foundation for the delivery of integrated health services; and (e) the promotion of community participation and the strengthening of referral systems for social services will ensure programme sustainability.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: $6,000,000
Supplementary funding: $2,500,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 230	-	1 230
Nutrition	560	1 000	1 560
Education for life	1 340	-	1 340
Advocacy and social mobilization	1 060	500	1 560
Monitoring child indicators	1 000	-	1 000
Integrated area-based programme	810	1 000	1 810
Total	6 000	2 500	8 500

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation

24. A highly participatory process of programme development (situation analysis, strategy formulation and detailed programme preparation) began in late 1991 and continued through 1992, involving the Government, the universities, non-governmental organizations (NGOs), United Nations partners and UNICEF. A series of programme planning meetings achieved strong consensus on the major problems facing children and women and on the viable response options. Analytical studies and evaluations were undertaken, especially for the preparation of the situation analysis and for programming, covering the expanded programme on immunization, control of diarrhoeal diseases (CDD), ARI, nutrition, maternal health and non-formal and basic education. The preparation of the 1993-1997 country programme of cooperation, led by an expert team composed of people from the Government, consultants and UNICEF staff, was linked with the formulation of the NPA, which was undertaken as a follow-up to WSC and in accordance with relevant Executive Board decisions.

Programme goals, objectives and strategies

25. The country programme is planned within the framework of wider national efforts to move towards WSC goals for children as adapted in the NPA and will emphasize the most urgent goals for Iranian children and women. The scope and objectives of the programme take into account likely available resources as well as overall national priorities, prospective UNICEF resources and the nature of the global UNICEF mandate. The new programme of cooperation will focus on sustainability of past achievements. It will further support disparity reduction programmes through the strengthening of PHC activities in peri-urban and hard-to-reach rural areas. Special attention will be paid to monitoring and evaluation and promotion of applied research. A number of innovative approaches in the health delivery system will be introduced.

26. The major programme goals for 1993-1997 are: (a) to reduce IMR from 40 to 27 per 1,000 live births and U5MR from 52 to 42 per 1,000 live births; (b) to reduce MMR from 54 to 40 per 100,000 live births; (c) to reduce the incidence of severe and moderate malnutrition among children under five years of age by at least 50 per cent; (d) to empower all Iranians with the basic knowledge and skills needed for healthy living; and (e) to put knowledge and information to work for children. Country programme goals (a), (b) and (c) above were adopted in view of the fact that the rates of infant, child and maternal mortality in the Islamic Republic of Iran remain relatively high, and malnutrition in the country remains widespread. The goals also reflect the important opportunity presented by the country's sustained commitment to children as manifested in the adoption of the NPA for children. Country programme goal (d) above was adopted in view of the fact that many Iranians continue to lack the basic knowledge and skills needed for healthy living and the well-being of children and mothers. Finally, country programme goal (e) above was adopted in light of the vital role of collecting and using relevant data for identifying the priority problems of children and women, monitoring and evaluating progress, promoting policy dialogue and raising social awareness. A number of detailed supporting and sectoral objectives have also been adopted for the country programme, covering many of those endorsed at the national level and by WSC, which will be pursued through specific programmes.

Health

27. This sectoral programme aims to reduce morbidity and mortality among children and women. The goals set for 1997 are: (a) to improve the coverage and quality of the PHC network in both urban and rural areas; (b) to reduce MMR from 54 to 40 per 100,000 live births; (c) to reduce ARI-related mortality in children under five years of age from 19 to 10 per cent of total U5MR; (d) to reduce diarrhoeal disease-related mortality by about 70 per cent, from 17 to 5 per cent of total U5MR; (e) to reduce the rate of mortality and morbidity arising from vaccine-preventable diseases in children under five years of age and to increase tetanus toxoid coverage for pregnant women; (f) to implement relevant projects in all districts and areas during the programme cycle to achieve national eradication of poliomyelitis by the year 2000; (g) to eliminate neonatal tetanus by 1995; and (h) to reduce by 1995 measles-related mortality by 95 per cent and measles-related morbidity by 90 per cent. As a principal thrust, the programme will deal with two major factors related to child and maternal mortality and morbidity, i.e., household and community awareness levels with respect to health problems and the availability, quality and utilization of health services. Interventions directed towards these factors will include extensive social mobilization, involving mass media, community and religious leaders, decision makers and local NGOs. Equal attention will be given to the training of health personnel and technical and material assistance to improve health care delivery and reporting systems and baseline data. Each of the projects will be targeted at specific priority provinces or regions where problems remain grave and service coverage levels remain low. In general, UNICEF will support efforts to continuously expand the PHC system, with a particular emphasis on innovative pilot projects designed to expand services in peri-urban and deprived rural areas.

Nutrition

28. This programme will contribute to the improvement of the general nutritional status of mothers and children. Its major objectives will be: (a) to reduce the incidence of severe and moderate malnutrition among children under five years of age by 50 per cent of the present level; (b) to reduce iron deficiency anaemia among women of child-bearing age by one third of the present level; and (c) to virtually eliminate IDD, in all segments of iodine deficient populations, particularly in women of child-bearing age. UNICEF assistance to the programme will be multifaceted, with the promotion and protection of breast-feeding at the base. UNICEF will continue its support to strengthen and expand the "baby-friendly" hospital initiative, with the aim of increasing the number of "baby-friendly" hospitals to 90 per cent of all hospitals in the country by 1997. UNICEF will also support activities aimed at increasing the proportion of women breast-feeding exclusively for four to six months after birth and continuing to breast-feed with appropriate complementary foods into the second year to 80 per cent by 1997. Assistance will be provided to conduct research and studies on the status of breast-feeding and the identification of positive and negative factors in the promotion and protection of breast-feeding. UNICEF will work closely with the Nutrition Institute and the Department of Nutrition in the Ministry of Health in assessing the nutrition status of mothers and children to determine food availability and patterns of food consumption within the family. Fortification of salt and PHC-related activities will be supported to expand the iron deficiency and IDD control

programme. If supplementary funds are available, UNICEF will further support the national IDD programme with the provision of potassium iodate and iodine capsules.

Education

29. The aims of this programme are: (a) to assess the present level of basic life skills, in particular, at the primary school and through literacy classes, and, based on the results, to propose appropriate interventions in the form of a Facts for Life-type pilot education project; and (b) to carry out a gender analysis (qualitative and quantitative) to identify the positive and negative factors related to girls' enrolment in primary schools. A pilot project will be carried out in three locations to test acceleration strategies to increase the rate of girls' enrolment. Both of the pilot projects shall be closely monitored and evaluated, with the aim of going to scale. UNICEF will provide technical assistance throughout the period of cooperation, including consultancies, surveys, data analysis, printing materials and, especially, help to establish contacts for relevant international experience exchange for the development of suitable national approaches.

Advocacy and social mobilization

30. The objectives of this programme are: (a) to maintain the position of children at the top of the political, socio-economic and cultural agenda; (b) to increase societal awareness of and concern for child rights; and (c) to increase the participation of women in all fields, with a particular emphasis on those pertaining directly to women's issues and women's development. A major concern will be to equip the UNICEF office with the in-house capability to advocate effectively in the local milieu and to become an active information/advocacy centre for children's and women's issues in the country. Stress will be placed on the strengthening of women's organizations through the sharing of information and experiences as well as advocacy. Advocacy efforts on women's and children's issues in urban areas will also be undertaken through existing infrastructures such as urban health centres and some NGOs active in urban areas. For those provinces where health coverage is still low, new approaches to social mobilization will be developed to ensure improved programme implementation.

Monitoring child indicators

31. The major goal of this innovative programme is to improve the national capacity for the collection, management and effective use of knowledge and information that has an impact on the situation of children and women. An initial output of the programme will be the formation of a unit that will be attached to the Centre for Statistics of the Planning and Budget Organization and charged with gathering and continuously updating all information relevant to the health and socio-economic status of children and women. UNICEF will support in-service training for provincial-level health administrators and statistical staff at the central level.

Integrated area-based programme

32. This programme will aim to achieve national goals by the end of 1996 in districts of Chaharmahal and Bakhtiari, Fars, East Azarbaijan and Tehran provinces, using an intensive and multisectoral approach. The experiences gained throughout the implementation of this programme will be used for readjusting approaches in nationwide programmes. UNICEF will provide supplies and equipment and technical advice and will have a supporting role in project replication. Depending on the availability of supplementary funds, the number of districts will be increased.

Monitoring and evaluation

33. With UNICEF assistance, a system of regular programme and project progress reporting based on annual project plans will be established by the implementing ministries. These monitoring activities will be carried out by sectoral and project committees and will involve regular field visits. Annual reviews will be conducted during the last quarter of each calendar year, with the participation, where appropriate, of United Nations agencies and other parties concerned. These reviews will form the basis of annual adjustments and resource allocation for the project plans of action. A mid-term review of the programme, accompanied by relevant evaluative studies, will be undertaken in mid-1995 to review the overall trends and progress towards the objectives and to reflect upon the strategies adopted. Specifically, a national survey will be conducted at mid-term to assess the coverage, impact and effectiveness of the PHC system, with special emphasis on the war-affected areas. In addition, surveys will be commissioned, examining trends and factors in ARI, CDD and morbidity and mortality trends for vaccine-preventable diseases, and a knowledge, attitude and practice survey will assess hospital and maternal practices in breast-feeding. The effectiveness and coverage of formal and non-formal education will also be evaluated. The situation analysis of children and women will be updated periodically on the basis of available new information.

Coordination with other agencies

34. The design of the programme takes into account the expected support of other United Nations agencies. WHO will have a special role as technical adviser for the health and nutrition programmes and will be an operational partner for the area-based programme. The safe motherhood and family planning project will be closely coordinated with the United Nations Population Fund. UNDP will be involved in the overall coordination of programmes at the country level, as well as in special collaborative initiatives, such as advancement in the status of women.

Country programme management

35. The broad strategic framework for the 1993-1997 country programme has been developed with the aim of achieving maximum impact with UNICEF inputs in light of three primary factors: (a) the development status of the Islamic Republic of Iran (i.e. mid- to low-level of infant mortality and a well-developed service delivery system); (b) its vast size (a population of 58 million scattered over an area of 1.64 million square kilometres); and (c) the UNICEF

programme's limited resources ($1.2 million in general resources per year and little or no supplementary funds).

36. Taken together, these factors mean that supply-oriented, quantity-based, national-in-scope programmatic approaches are likely to have little impact. Rather, UNICEF must seek out innovative ways for programming and utilizing its resources in order to act as a catalyst and mobilizer, using its experience in areas such as information collection and analysis, communications and advocacy and applied social research to identify and raise awareness of priority problems. UNICEF must also target its limited resources towards pockets of poverty and towards regions and provinces that lag behind the rest of the nation.

37. The new proposed programme makes a greater demand on expertise, monitoring, evaluation and research activities. The scope of the projects also expands from almost strictly health to education and women in development, as well as to social statistics and planning. The country programme has been divided into two main programme clusters. The first cluster will group programmes such as monitoring child indicators, education, advocacy and social mobilization. These programmes represent the newly added aspects of the programme recommendation. The second cluster will group programmes such as health, nutrition and the integrated area-based programme, which are mostly health-related and constitute further development of previous UNICEF assistance. The two clusters will be managed by two international Professional staff, including the representative and 7 national Professionals, supported by 11 General Service staff.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

(Islamic Republic of)
Iran (1991 and earlier years)

UNICEF country classification

Under-five mortality rate	62	(1991)	Middle U5MR
Infant mortality rate	47	(1991)	Middle IMR
GNP per capita	$ 2320	(1991)	Lower-middle GNP
Total population	60 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	1282	1828	2400	2437
Infant deaths (under 1)	(Thousands)	170	158	120	115
Under-five deaths	(Thousands)	269	220	158	149
Under-five mortality rate (per 1,000 live births)		208	126	67	62
Infant mortality rate (under 1) (per 1,000 live births)		133	87	50	47

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980)	Moderate & severe	43 a/	..
	Severe	..	..
Babies with low birth weight (%, 1979/1990)		14	9
% of primary school children reaching final grade, 1969/1988)		70	91

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1988)	.. /../ ..	91* / 73* / 51*
Prevalence of wasting (%, 1980)	23 a/	..
Prevalence of stunting (%, 1980)	55 a/	..
Daily per capita calorie supply (% of requirements, 1988-1990)	..	125
Food production per capita index (Index 1979-1980=100, 1980/1991)	98	114
Household expenditure (% of total income, 1980-1985)	All food/cereals	37 / 10

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)		..	71
Access to health services	Total	..	80
(% of population, 1988)	Urban/rural	.. / ..	95 / 65
Access to safe water	Total	..	89
(% of population, 1990)	Urban/rural	.. / ..	98 / 76
Access to adequate sanitation	Total	..	63
(% of population, 1990)	Urban/rural	.. / ..	86 / 32
Births attended by trained personnel (%, 1988)		..	70*
Maternal mortality rate (per 100,000 live births, 1986-1987)		..	120

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	6	64	95	91
	DPT	29	51	93	88
	Polio	47	51	92	88
	Measles	48	51	83	84
Pregnant women (%) immunized against:	Tetanus	2	23	50	77

TABLE 1 (continued)

Iran (Islamic Republic of)

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%,1980/1989)	Total	87 / ..	109 / 94
	Male	.. / ..	115 / 99
	Female	.. / ..	101 / 90
Secondary enrolment ratio (gross/net) (%, 1980/1989)	Total	.. / ..	53 / 48
	Male	.. / ..	62 / 55
	Female	.. / ..	44 / 41
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	29	54
	Male/female	40 / 17	65 / 43
Radio/television sets (per 1,000 population, 1980/1990)		165 / 51	247 / 70

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	28	39	58	60	78
Population aged 0-15 years	(Millions)	14	19	28	29	36
Population aged 0-4 years	(Millions)	5	7	10	11	13
Urban population (% of total)		41	50	57	58	64
Life expectancy at birth	Total	55	60	67	67	70
(years)	Male	55	59	66	66	69
	Female	55	61	66	67	71
Total fertility rate		6.8	6.5	6.2	6.1	5.1
Crude birth rate (per 1,000 population)		45	45	42	41	36
Crude death rate (per 1,000 population)		16	11	8	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978)		..	23 a/
Population annual growth rate (%, 1965-1980/1980-1991)	Total	3.2	3.9
	Urban	5.5	5.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		2.9	-1.1
Inflation rate (%, 1965-1980/1980-1990)		16	14
Population in absolute poverty (%,)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1980/1989)	Health/education	6 / 21	9 / 22
	Defence	16	14
Household expenditure (% of total income, 1980-1985)	Health/education	6 / 5	.. / ..
Official development assistance: (1980/1991)	$US millions	31	81
	As % of GNP	..	0
Debt service (% of goods and services exports)		..	..

a/ Indicates data that differ from the standard definition or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1995 a/

COUNTRY: (ISLAMIC REPUBLIC OF)IRAN
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,500,000 b/

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	729		11		142		128		1010	1250		2500 c/	1010	3750
Household food security and nutrition	128		8				60		196	500			196	500
Social mobilization and advocacy	4				11		51		66	500			66	500
Planning and social statistics	6				18		69		93	250			93	250
Emergency	429	5431		104		63	2	275	431	343	5873	6952	6304	7295
GRAND TOTAL	1296	5431	19	104	171	63	310	275	1796	2843	5873	9452	7669	12295

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Original approved for 1991 - 1995.
c/ This amount remains unfunded (1991 - 1995).

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TABLE 3. PLANNED EXPENDITURE, 1993 – 1997

(In thousands of United States dollars)

Country: (ISLAMIC REPUBLIC OF) IRAN Period covered: 1993 – 1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	240	240	250	250	250	1230
Nutrition	GR	200	100	100	80	80	560
	NSF	200	200	200	200	200	1000
Education for life	GR	280	250	290	260	260	1340
Advocacy and social mobilization	GR	150	200	220	245	245	1060
	NSF	100	100	100	100	100	500
Monitoring child indicators	GR	200	200	200	200	200	1000
Integrated area-based programme	GR	130	210	140	165	165	810
	NSF	200	200	200	200	200	1000
TOTAL	GR	1200	1200	1200	1200	1200	6000
	NSF	500	500	500	500	500	2500
GRAND TOTAL		1700	1700	1700	1700	1700	8500

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

(ISLAMIC REPUBLIC OF)IRAN

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1993-1997 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L1	D1/L4	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	POSTS	IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1230			1230								1	1	2		305	305
Nutrition	560			560									1	1		75	75
Education	1340			1340				1			1		1	2	672	75	747
Advocacy and social mobilization	1060			1060								2	1	3		535	535
Monitoring child indicators	1000			1000								1	1	2		305	305
Integrated area-based programme	810			810								1	1	2		305	305
TOTAL GR	6000			6000				1			1	5	6	12	672	1600	2272
SUPPLEMENTARY FUNDING																	
Nutrition			1000	1000													
Advocacy and social mobilization			500	500													
Integrated area-based programme			1000	1000													
TOTAL SF			2500	2500													
TOTAL GR & SF				8500				1			1	5	6	12	672	1600	2272
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs			477													
	Staffing b/						1				1	2	5	8	395	419	814
GRAND TOTAL (GR + SF + ADM)							1	1			2	7	11	20			
Number of posts and staff costs:																	
- At the beginning of previous programme (1991)											1	4	8	13	N/A	N/A	N/A
- At the beginning of proposed programme (1993)											2	7	11	20	N/A	N/A	N/A
- At the end of proposed programme (1997) (Indicative only)											2	7	11	20	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

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Annex

LIST OF STUDIES AND EVALUATIONS

1. Situation analysis of women and children in the Islamic Republic of Iran. September 1992.

2. Releasing new energies for children: strategies for child survival, protection and development in the Islamic Republic of Iran, 1993-1997. October 1992.

3. The Islamic Republic of Iran and UNICEF programme of cooperation. November 1992.

4. The health situation of mothers and children in the Islamic Republic of Iran. Dr. H. Malekafzali, August 1992, first edition.

5. Evaluation of growth monitoring and promotion activities in the Islamic Republic of Iran. Ministry of Health and Medical Education, Institute of Nutrition and Food Technology and UNICEF, June 1991.

6. The Islamic Republic of Iran: early signs of success; Childhood pneumonia: strategies to meet the challenge. Proceedings of the First International Consultation on the Control of Acute Respiratory Infections, 1991.

7. Health facility survey of diarrhoea case management in the Islamic Republic of Iran. Ministry of Health and Medical Education and programme for the control of diarrhoeal diseases, WHO, Geneva, November 1991.

8. Study of the prevalence of iron deficiency anaemia among pregnant women in Charmahal Bakhtiarieh provincial health centre. 1991, Charmahal Bakhtiarieh.

9. Comprehensive health situation. Ministry of Health, Under-Secretary for Research, 1991.

10. Breast-feeding knowledge, attitude and practice study. Ministry of Health, Under-Secretary for Research. National Breast-feeding Committee, 1991.

11. International code of marketing. Review of current practice of health personnel vis-à-vis promotion of breast-feeding and infant formula distribution. Ministry of Health, Under-Secretary for Research, 1991. National Health Journal, 1991.

12. A study on the reasons for early weaning among Tehranian women. Ministry of Health, Under-Secretary for Health, 1991.

13. The study of the percentage of women using contraceptives in urban and rural areas and the relationship with the socio-economic status of the family. Ministry of Health, Population and Family Planning Department and UNICEF, 1991.

14. Household food security. The study of protein and energy intake in families in the south of Tehran. Tehran Medical University, Tehran provincial health centre, 1991.